

Commission to Study Allocations of the Fund for a Healthy Maine

Agenda, Meeting #1, Friday, November 4, 2011

Room 209 Cross Office Building, Augusta, 9am to 4pm

9am

Welcome and introductions

Senator Earle McCormick, Senate Chair

Representative Deborah Sanderson, House Chair

Review of Resolve 2011, chapter 112 establishing the commission

Anna Broome, Office of Policy and Legal Analysis

Legal overview of the Tobacco Master Settlement Agreement and current related litigation

Christopher Taub, Assistant Attorney General

Review of Title 22, section 1511, establishing the Fund for a Healthy Maine

Jane Orbeton, Office of Policy and Legal Analysis

Review of revenues and allocations of the Fund for a Healthy Maine, State Fiscal Years 2012 and 2013 and prior years

Christopher Nolan, Office of Fiscal and Program Review

Priorities and goals for public health care and preventive health in Maine

Representatives of the Department of Health and Human Services

Lunch break

1pm

Strategies for addressing priorities and goals for public health care and preventive health

Judging the effectiveness of strategies to address priorities and goals

Representatives of the Department of Health and Human Services

3pm

Public comment period

4pm

Adjournment

Future Meetings:

Thursday, November 17, 9am to 4pm, Room 209 Cross Office Building, Augusta

Tuesday, November 29, 9am to 4pm, Room 209 Cross Office Building, Augusta

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Resolve, To Study Allocations of the Fund for a Healthy Maine

Sec. 1 Commission established. Resolved: That the Commission To Study Allocations of the Fund for a Healthy Maine, referred to in this resolve as "the commission," is established; and be it further

Sec. 2 Commission membership. Resolved: That the commission consists of no more than 13 members appointed as follows:

1. The President of the Senate shall:

A. Appoint 3 members of the Senate, including a member from each of the 2 parties holding the largest number of seats in the Legislature. At least one of the appointees must serve on the Joint Standing Committee on Appropriations and Financial Affairs and at least one of the appointees must serve on the Joint Standing Committee on Health and Human Services; and

B. Appoint one person representing municipal public health departments and one person representing a major voluntary nonprofit health organization; and

2. The Speaker of the House of Representatives shall:

A. Appoint 4 members of the House of Representatives, including members from each of the 2 parties holding the largest number of seats in the Legislature. At least one of the appointees must serve on the Joint Standing Committee on Appropriations and Financial Affairs and at least one of the appointees must serve on the Joint Standing Committee on Health and Human Services; and

B. One person representing a statewide organization of public health professionals, one person representing a public health organization or agency operating in a rural community, one person representing the organizations providing services supported by funds from the Fund for a Healthy Maine and one person who possesses expertise in the subject matter of the study under this resolve; and be it further

Sec. 3 Chairs. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission; and be it further

Sec. 4 Appointments; convening of commission. Resolved: That all appointments must be made no later than 10 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. The chairs of the commission shall call and convene the first meeting of the commission within 15 days of the effective date of this resolve. If a majority of but not all appointments have been made within 10 days of the effective date of this resolve, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business; and be it further

Sec. 5 Meetings. Resolved: That the commission may meet only when the Legislature is not in regular or special session. The commission is authorized to meet up to 6 times to accomplish its duties; and be it further

Sec. 6 Duties. Resolved: That the commission shall review the alignment of allocations from the Fund for a Healthy Maine, established in the Maine Revised Statutes, Title 22, section 1511, with the State's current public health care and preventive health priorities and goals. The commission shall gather information and data from public and private entities as necessary to:

1. Identify or review the State's current public health care and preventive health priorities and goals;
2. Identify or review strategies for addressing priorities and goals and potential effectiveness of those strategies;
3. Assess the level of resources needed to properly pursue the strategies identified in subsection 2;
4. Make recommendations for how Fund for a Healthy Maine funds should be allocated to most effectively support the State's current public health and preventive health priorities, goals and strategies; and
5. Make recommendations for processes to be used to ensure that Fund for a Healthy Maine allocations stay aligned with the State's health priorities and goals; and be it further

Sec. 7 Cooperation. Resolved: That the Commissioner of Administrative and Financial Services, the Commissioner of Education, the Commissioner of Health and Human Services and the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services shall provide information and data to the commission as necessary for its work; and be it further

Sec. 8 Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the commission; and be it further

Sec. 9 Report. Resolved: That, no later than December 7, 2011, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services; and be it further

Sec. 10 Transfer of funds; Office of Program Evaluation and Government Accountability, General Fund. Resolved: That, on the effective date of this resolve, the State Controller shall transfer \$6,960 from the Office of Program Evaluation and Government Accountability, General Fund account to the Miscellaneous Studies Legislative, General Fund account in the Legislature to fund the costs of the study.

Commission to Study Allocations of the Fund for a Healthy Maine

Resolve 2011, Chapter 112

Thursday, November 3, 2011

Appointment(s) by the President

Sen. Earle L. McCormick - Chair
633 Hallowell Litchfield Road
West Gardiner, ME 04345
207 724-3228

Senate Member

Sen. Margaret M. Craven
41 Russell St
Lewiston, ME 04240
207 783-1897

Senate Members

Sen. Roger Katz
3 Westview Street
Augusta, ME 04330
207 622-3711

Senate Members

Susan Tidd
140 Wyman Road
Benton, ME 04901
207 877-4431

Representing a Major Voluntary Nonprofit Health Organization

Shawn Yardley
City of Bangor Health and Community Services
103 Texas Ave.
Bangor, ME 04401
207 299-7863

Representing Municipal Public Health Departments

Appointment(s) by the Speaker

Rep. Deborah J. Sanderson - Chair
64 Whittier Drive
Chelsea, ME 04330
207 376-7515

House Members

Rep. Tyler Clark
P.O. Box 243
Easton, ME 04740
207 227-6971

House Members

Rep. Mark Eves
78 Madison St
No Berwick, ME 03906
207 850-0516

House Members

Rep. Meredith N. Strang Burgess
155 Tuttle Road
Cumberland, ME 04021
207 775-5227

House Members

Dr. Joel A. Kase
36 Waters Edge Drive
Lewiston, ME 04240
207 281-3665

Representing a Statewide Organization of Public Health Professionals

Dr. Sheila G. Pinette
Maine CDC
11 State House Station
Augusta, Maine 04333
207 287-3266

Individual with Expertise in Allocations of the Fund for a Healthy Maine

Lisa C. Kavanaugh
41 N. Shore Lane
Winthrop, ME 04364

Representing a Public Health Organization or Agency in a Rural Community

Thomas M. Kivler
99 Loring Lane
Pownal, ME 04069
207 373-6972

Representing Organizations Providing Services Funded from the Fund for a Healthy Maine

Staff:

Jane Orbeton 287-1670
OPLA

Anna Broome 287-1670
OPLA

Title 22, Section 1511, Fund for a Healthy Maine

§1511. Fund for a Healthy Maine established

1. Fund established. The Fund for a Healthy Maine, referred to in this chapter as the "fund," is established as an Other Special Revenue fund for the purposes specified in this chapter.

2. Sources of fund. The State Controller shall credit to the fund:

- A. All money received by the State in settlement of or in relation to the lawsuit State of Maine v. Philip Morris, et al., Kennebec County Superior Court, Docket No. CV-97-134;
- B. Money from any other source, whether public or private, designated for deposit into or credited to the fund; and
- C. Interest earned or other investment income on balances in the fund.

3. Allocation; amounts.

3-A. Unencumbered balances. Any unencumbered balance remaining at the end of any fiscal year lapses back to the Fund for a Healthy Maine, the account within the Department of Administrative and Financial Services established pursuant to this section, and may not be made available for expenditure without specific legislative approval.

3-B. Departmental indirect cost allocation plans. Any revenue transfer made on or after July 1, 2000 from a Fund for a Healthy Maine account to another account pursuant to an approved departmental indirect cost allocation plan is determined by the Legislature to be an authorized use of revenue credited to the Fund for a Healthy Maine. The State Budget Officer shall reduce allotment for the amount of any transfer made from a Fund for a Healthy Maine account for the purpose authorized in this subsection.

4. Restrictions. This section does not require the provision of services for the purposes specified in subsection 6. When allocations are made to direct services, services to lower income consumers must have priority over services to higher income consumers. Allocations from the fund must be used to supplement, not supplant, appropriations from the General Fund.

5. General Fund limitation. Notwithstanding any provision to the contrary in this section, any program, expansion of a program, expenditure or transfer authorized by the Legislature using the Fund for a Healthy Maine may not be transferred to the General Fund without specific legislative approval.

6. Health purposes. Allocations are limited to the following health-related purposes:

- A. Smoking prevention, cessation and control activities, including, but not limited to, reducing smoking among the children of the State;
- B. Prenatal and young children's care including home visits and support for parents of children from birth to 6 years of age;
- C. Child care for children up to 15 years of age, including after-school care;
- D. Health care for children and adults, maximizing to the extent possible federal matching funds;
- E. Prescription drugs for adults who are elderly or disabled, maximizing to the extent possible federal matching funds;

- F. Dental and oral health care to low-income persons who lack adequate dental coverage;
- G. Substance abuse prevention and treatment; and
- H. Comprehensive school health and nutrition programs, including school-based health centers.

7. Investment; plan; report.

8. Report by Treasurer of State. The Treasurer of State shall report at least annually on or before the 2nd Friday in December to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must summarize the activity in any funds or accounts directly related to this section.

9. Working capital advance. Beginning July 1, 2003, the State Controller is authorized to provide an annual advance up to \$37,500,000 from the General Fund to the fund to provide money for allocations from the fund. This money must be returned to the General Fund as the first priority from the amounts credited to the fund pursuant to subsection 2, paragraph A.

10. Restricted accounts.

11. Restricted accounts. The State Controller is authorized to establish separate accounts within the fund in order to segregate money received by the fund from any source, whether public or private, that requires as a condition of the contribution to the fund that the use of the money contributed be restricted to one or more of the purposes specified in subsection 6. Money credited to a restricted account established under this subsection may be applied only to the purposes to which the account is restricted.

New Joint Rule 317

(as amended by Committee Amendment "A" to H.P. 74 from the Joint Rules Committee and adopted in both chambers on January 15, 2009)

Rule 317 Review of provisions affecting the Fund for a Healthy Maine

Whenever a legislative proposal in a resolve or bill, including a budget bill, affects the Fund for a Healthy Maine under the Maine Revised Statutes, Title 22, section 1511, or involves funding from the Fund for a Healthy Maine, the joint standing committee of the Legislature having jurisdiction over the proposal shall hold a public hearing and determine the level of support for the proposal among members of the committee. If there is support for the proposal among a majority of the members of the committee, the committee shall request the joint standing committee of the Legislature having jurisdiction over health and human services matters to review and evaluate the proposal as it pertains to the Fund for a Healthy Maine. The joint standing committee of the Legislature having jurisdiction over health and human services matters shall conduct the review and report back to the committee of jurisdiction and to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs.



DAVID G. LEMOINE
Treasurer of State

State of Maine Office of the Treasurer of State

39 State House Station
Augusta ME 04333-0039

To: Members, Joint Standing Committee on Appropriations and Financial Affairs
Members, Joint Standing Committee on Health and Human Services
Fr: State Treasurer David Lemoine
On: December 2, 2010
Re: 2010 Tobacco Settlement Payments Report

Mandated Report: The State Treasurer is required to report the status of Maine's Tobacco Settlement Payments each December to the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services. The report must summarize the activity in any funds or accounts directly related to the Fund for a Healthy Maine. *See 22 M.R.S.A s. 1511(8)*

CONTENTS

- Executive Summary
- Payments Formula and Projection Process
- Tobacco Settlement Payments, Deposits, Transfers, Earnings, and FHM Balances
- Estimated Payments for 2011, the 2010/2011 biennium, and the 2012/2013 biennium

EXECUTIVE REVIEW

In 1998, Maine, along with 45 other states and 6 U.S. Territories became creditors of Participating Cigarette Manufacturers (PMs) pursuant to a Master Settlement Agreement (MSA) made between the states and many cigarette manufacturers settling lawsuits brought by these states and territories. Florida, Minnesota, Texas and Mississippi had already reached individual agreements with the tobacco industry. The MSA exempted participating cigarette manufacturers from liability to the state governments arising from the claims alleged in the states' lawsuits, and provided those state governments with compensation for smoking related medical costs and the states' other monetary claims, and with funding to help reduce smoking in the United States through a national foundation. The MSA also limited the marketing and advertising practices of the participating cigarette manufacturers to further protect public health.

Maine's continuing receipt of Tobacco Settlement Payments hinges on three (3) key factors:

1. Enforceability: The continuing enforceability of the manufacturers' Master Settlement Agreement payment obligations.
2. Financial Capacity: The continuing financial capacity of the OPMs and SPMs to make timely Master Settlement Agreement payments.
3. Legal Actions: Legal actions which delay or alter calculated Master Settlement Agreement Payment obligations.



PAYMENTS FORMULA AND REVENUE PROJECTION PROCESS

ELIGIBILITY: Maine has the right to always receive 0.7693050% of the Annual Payments that are expected to be paid in perpetuity pursuant to the MSA. In addition, Maine will also receive 1.3281978% of the Strategic Contribution Payments during the years 2008 through 2017. Maine is eligible for these supplemental payments as a result of its early involvement in the work which resulted in the MSA. Payments are due in April each year.

PAYMENTS FORMULA: Annual settlement payments are driven by two key annual adjustments, the 1) inflation adjustment and the 2) volume of cigarettes sold nationwide. Under the Inflation Adjustment, the base annual payments will increase annually by the greatest of 3% or CPI, (the Consumer Price Index). Under the Volume Adjustment, the MSA tobacco payments due from the manufacturers are either reduced or increased depending on whether the Original Participating Manufacturer's national sales volumes for a given sales year are less than or greater than, respectively, the national cigarette sales volumes for 1997. Maine's Tobacco Settlement Payments are directly related to the shipments of cigarettes nationwide, without regard to increases or decreases in Maine cigarette sales.

REVENUE PROJECTION PROCESS: The Treasurer's Office organizes a meeting of the Maine Attorney General's Office, the State Budget Office and the Legislature's Office of Fiscal and Program Review in advance of each Revenue Forecasting Committee meeting in order to reach consensus on the revenue forecast. That meeting agenda includes a review of econometric model available from the National Association of Attorneys General that projects domestic consumption of cigarettes. Each meeting also discusses the likely impacts on Maine's payments stream of any disputes pending under the MSA. These disputes, and the timing and direction of their outcomes, present significant volatility to the revenue stream projection process.

Under the MSA, a participating tobacco company may be entitled to a reduction in its annual payment obligation for the Non-participating Manufacturer Adjustment if two (2) things are determined in its favor: First, an economic firm determines that the disadvantages imposed upon it by the MSA were a significant contributing factor in its loss of market share to non-participating manufacturers (NPMs), and; Second, recovery of this NPM Adjustment amount from an individual state is dependent on a) whether the state had a qualifying statute governing NPM escrow deposits in place during the relevant sales year and b) whether the individual state diligently enforced that qualifying statute.

Beginning in sales year 2003 and continuing through sales year 2009, the PMs have claimed that they are entitled to the NPM adjustment, which if true would result in a decrease in the amount the PMs owe under the MSA for those years. Maine asserts that it has had a qualifying statute in place for all relevant sales years and that it has diligently enforced that statute. If Maine's assertion is found to be correct in an MSA arbitration proceeding, Maine will not experience a reduction in its payment amount due to the NPM Adjustment. If, however, Maine is found not to have diligently enforced, the State's liability could be up to its entire annual payment amount.

Once the PMs dispute the calculated amount they owe by claiming entitlement to the NPM Adjustment, they have three options under the MSA. They may pay the contested amount to the State anyway, as Phillip Morris has done for sales years 2003-2009, or the PM may place the amount in a



Office of Maine State Treasurer

disputed payment account, which R.J Reynolds did for 2003-2008. To-date R.J. Reynolds has escrowed more than \$1.6 billion into the disputed-payments account for the NPM Adjustment for those years. Finally, the PMs may simply withhold the amount they dispute from their annual payments, and many PMs have done this.

If Maine is found to have diligently enforced its qualifying NPM escrow statute, the State will be entitled to the amounts still owed by R.J Reynolds and other PMs.

TOBACCO SETTLEMENT PAYMENTS, DEPOSITS, TRANSFERS, EARNINGS, AND FHM BALANCES

The State of Maine has received \$588,135,865.24 to date from the Tobacco Settlement. Each payment is deposited into the Fund for a Healthy Maine (the "Fund") where it is held in the Treasurer's Cash Pool. All investment earnings on these funds are deposited back into the Fund.

A full history of Tobacco Settlement payment transactions is set forth in **Attachment A**.

Attachment A

DEC '10 RFC Report
- FHM - Tobacco Payr

ESTIMATED FUTURE TOBACCO SETTLEMENT PAYMENTS (AS REFLECTED IN THE DECEMBER 2009 REVENUE FORECASTING COMMITTEE'S REPORT)

	FY 11	FY 12	FY 13	FY 14	FY 15
Base Payments	40,092,815	40,656,099	40,678,468	46,373,513	45,870,270
Strategic Contribution Payments	8,342,659	8,460,640	8,467,725	8,474,817	8,481,914
Racino Revenue	4,500,000	4,500,000	5,601,895	5,769,952	5,943,051
Income from Investments	3,766	4,175	8,834	22,512	22,512
Offset	(145,147)	(161,786)	(164,751)	(167,956)	(171,315)
TOTAL FHM Revenue	52,794,093	53,459,128	54,592,171	60,472,838	60,146,432

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Fund for a Healthy Maine - Tobacco Settlement Payments

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	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11	FY12	FY13	FY14	FY15
Current Forecast	\$45,011,759	\$46,629,371	\$58,219,190	\$63,378,753	\$53,132,291	\$52,066,509	\$58,479,676	\$57,695,140		
Annual % Growth	-8.2%	3.6%	24.9%	8.9%	-16.2%	-2.0%	12.3%	-1.3%		
Net Increase (Decrease)						(\$1,631,035)	(\$9,362,937)	(\$8,548,947)		
Revised Forecast	\$45,011,759	\$46,629,371	\$58,219,190	\$63,378,753	\$53,132,291	\$48,435,474	\$49,116,739	\$49,146,193	\$54,848,330	\$54,352,183
Annual % Growth	-8.2%	3.6%	24.9%	8.9%	-16.2%	-8.8%	1.4%	0.1%	11.6%	-0.9%
Forecast Recommended Changes:										
Detail of TSPs - Revised Forecast										
Base Payments - Net of Withholding			\$47,679,747	\$52,579,385	\$43,756,453	\$40,092,815	\$40,656,099	\$40,678,468	\$46,373,513	\$45,870,270
SCPs - Net of Withholding			\$10,539,443	\$10,799,369	\$9,375,838	\$8,342,659	\$8,460,640	\$8,467,725	\$8,474,817	\$8,481,914
Total TSPs - Revised Forecast	\$45,011,759	\$46,629,371	\$58,219,190	\$63,378,753	\$53,132,291	\$48,435,474	\$49,116,739	\$49,146,193	\$54,848,330	\$54,352,183

	Sales Year '05 Apr-06	Sales Year '06 Apr-07	Sales Year '07 Apr-08	Sales Year '08 Apr-09	Sales Year '09 Apr-10	Sales Year '10 Apr-11	Sales Year '11 Apr-12	Sales Year '12 Apr-13	Sales Year '13 Apr-14	Sales Year '14 Apr-15
Payment Year										
Amounts Owed - BP's	\$50,546,465	\$51,847,848	\$51,891,882	\$52,383,155	\$48,647,256	\$46,308,818	\$46,320,525	\$46,333,964	\$46,347,406	\$46,360,852
Amounts Owed SCP's			\$10,714,032	\$10,861,827	\$10,008,928	\$9,696,619	\$9,639,056	\$9,641,852	\$9,644,650	\$9,647,448
Amounts Paid - BP's	\$44,873,801	\$46,700,821	\$47,679,747	\$48,419,716	\$43,756,453	\$40,092,815	\$40,656,099	\$40,678,468	\$40,700,849	\$40,723,243
Amounts Paid - SCP's			\$10,539,443	\$10,799,369	\$9,375,838	\$8,342,659	\$8,460,640	\$8,467,725	\$8,474,817	\$8,481,914
Withholding Factor	10.76%	9.68%	9.77%	11.65%	9.42%	13.52%	12.23%	12.20%	12.17%	12.15%
Lag Factor - 2 Pmt Years										
Actual Withholding - BP's	(\$5,672,664)	(\$5,147,027)	(\$4,212,135)	(\$3,963,438)	(\$4,890,803)	(\$6,216,002)	(\$5,664,426)	(\$5,655,496)	(\$5,646,557)	(\$5,637,609)
Actual Withholding SCP's	\$0	\$0	(\$174,589)	(\$62,459)	(\$633,090)	(\$1,353,961)	(\$1,178,416)	(\$1,174,127)	(\$1,169,833)	(\$1,165,534)
Total Withheld	(\$5,672,664)	(\$5,147,027)	(\$4,386,724)	(\$4,025,897)	(\$5,523,894)	(\$7,569,963)	(\$6,842,842)	(\$6,829,622)	(\$6,816,390)	(\$6,803,143)
Other Payments and Arbitration Payments	\$0	\$0	\$0	\$4,159,476	\$0	\$0	\$0	\$0	\$0	\$0
Recaptured BP Withholding (8-year lag)						\$0	\$0	\$0	\$5,672,664	\$5,147,027
Recaptured SCP Withholding (8-year lag)						\$0	\$0	\$0	\$0	\$0
Total TSP Revenue	\$44,873,801	\$46,700,821	\$58,219,190	\$63,378,561	\$53,132,291	\$48,435,474	\$49,116,739	\$49,146,193	\$54,848,330	\$54,352,183
Change from March 2010 Forecast					\$0	(\$1,631,035)	(\$9,362,937)	(\$8,548,947)	\$54,848,330	\$54,352,183

PRELIMINARY RECOMMENDATION

Fund for a Healthy Maine - Tobacco Settlement Payments

Commission to Study Allocations of the Fund for a Healthy Maine

**Review of Revenue and Allocations of the Fund for a Healthy Maine
11/4/2011**

Christopher Nolan, OFPR

Table OSR-4 Fund for a Healthy Maine (FHM) Revenue - Fiscal Years 2007 - 2011

REVENUE SOURCES	2007		2008		2009		2010		2011	
	\$	% of Total	\$	% of Total	\$	% of Total	\$	% of Total	\$	% of Total
Tobacco Settlement Payments:										
Base Payments	\$47,113,687	92.5%	\$47,679,747	76.8%	\$52,579,385	76.9%	\$43,756,453	76.0%	\$41,484,712	76.3%
Strategic Contribution Payments	\$0	0.0%	\$10,539,443	17.0%	\$10,799,369	15.8%	\$9,375,838	16.3%	\$8,544,647	15.7%
Tobacco Settlement Payments - Subtotal	\$47,113,687	92.5%	\$58,219,190	93.8%	\$63,378,753	92.6%	\$53,132,291	92.3%	\$50,029,359	92.0%
Racino Revenue	\$3,538,805	6.9%	\$3,735,774	6.0%	\$4,981,163	7.3%	\$4,500,000	7.8%	\$4,500,000	8.3%
Interest Earnings	\$297,803	0.6%	\$64,695	0.1%	\$49,819	0.1%	\$20,511	0.0%	\$2,494	0.0%
Other Sources	\$217	0.0%	\$25,000	0.0%	\$0	0.0%	(\$92,660)	-0.2%	(\$145,147)	-0.3%
Total - All FHM Revenue	\$50,950,512	100.0%	\$62,044,659	100.0%	\$68,409,736	100.0%	\$57,560,142	100.0%	\$54,386,707	100.0%

Table OSR-5 Fund for a Healthy Maine (FHM) Expenditures and Uses - Fiscal Years 2007 - 2011

EXPENDITURES/USES	2007		2008		2009		2010		2011	
	\$	% of Total	\$	% of Total	\$	% of Total	\$	% of Total	\$	% of Total
Expenditures										
Smoking Cessation and Prevention	\$14,444,012	26.3%	\$15,680,319	26.4%	\$16,480,370	25.3%	\$16,513,437	24.7%	\$13,832,591	24.0%
Child Care and Child Development	\$10,824,441	19.7%	\$12,178,707	20.5%	\$12,459,823	19.2%	\$12,900,163	19.3%	\$11,500,335	19.9%
Medicaid Initiatives	\$66,206	0.1%	\$9,502,019	16.0%	\$7,499,291	11.5%	\$6,009,773	9.0%	\$5,588,780	9.7%
Prescription Drugs	\$19,309,117	35.1%	\$12,069,185	20.3%	\$11,638,182	17.9%	\$12,839,107	19.2%	\$12,352,334	21.4%
Dirigo Health Program	\$0	0.0%	\$0	0.0%	\$5,000,000	7.7%	\$4,683,443	7.0%	\$4,441,791	7.7%
Other Health Initiatives	\$1,831,290	3.3%	\$3,284,555	5.5%	\$3,932,506	6.0%	\$3,299,510	4.9%	\$3,396,834	5.9%
Substance Abuse	\$5,822,866	10.6%	\$6,470,200	10.9%	\$6,457,759	9.9%	\$6,466,103	9.7%	\$5,027,508	8.7%
Attorney General	\$69,289	0.1%	\$84,938	0.1%	\$95,842	0.1%	\$137,981	0.2%	\$148,715	0.3%
Subtotal FHM Expenditures	\$52,367,222	95.3%	\$59,269,923	99.6%	\$63,563,772	97.7%	\$62,849,517	94.1%	\$56,288,888	97.5%
Other Uses										
Transfers to (from) General Fund	\$2,571,648	4.7%	\$225,000	0.4%	\$1,464,406	2.3%	\$3,925,515	5.9%	\$1,455,770	2.5%
Subtotal Other Uses	\$2,571,648	4.7%	\$225,000	0.4%	\$1,464,406	2.3%	\$3,925,515	5.9%	\$1,455,770	2.5%
Total - All Uses	\$54,938,870	100.0%	\$59,494,923	100.0%	\$65,028,178	100.0%	\$66,775,032	100.0%	\$57,744,658	100.0%

**FUND FOR A HEALTHY MAINE (FHM) REVENUE
(TOBACCO SETTLEMENT REVENUE)
REVENUE FORECASTING COMMITTEE RECOMMENDATIONS - MAY 2011**

Source	FY07 Actual	FY08 Actual	% Chg.	FY09 Actual	% Chg.	FY10 Actual	% Chg.	FY11 Budget	% Chg.	Recom. Chg.	FY11 Revised	% Chg.
Tobacco Settlement Payments:												
- Base Payments	47,113,687	47,679,747	1.2%	52,579,385	10.3%	43,756,453	-16.8%	40,092,815	-8.4%	1,391,897	41,484,712	-5.2%
- Strategic Contribution Payments	0	10,539,443	N/A	10,799,369	2.5%	9,375,838	-13.2%	8,342,659	-11.0%	201,988	8,544,647	-8.9%
Racino Revenue *	3,538,805	3,735,774	5.6%	4,981,163	33.3%	4,500,000	-9.7%	4,500,000	0.0%	0	4,500,000	0.0%
Income from Investments	297,803	64,695	-78.3%	49,819	-23.0%	20,511	-58.8%	3,766	-81.6%	(1,779)	1,987	-90.3%
Attorney General Reimbursements and Other Income **	217	25,080	N/A	0	-100.0%	(92,660)	N/A	(145,147)	-56.6%	0	(145,147)	-56.6%
Total - FHM Revenue	50,950,512	62,044,739	21.8%	68,409,736	10.3%	57,560,142	-15.9%	52,794,093	-8.3%	1,592,106	54,386,199	-5.5%

* Racino Revenue reflects that portion of the State's share of proceeds from slot machines at commercial race tracks designated for the Fund for a Healthy Maine. For fiscal years 2009-10, 2010-11, and 2011-12, PL 2009, c. 462, Pt. H. caps the proceeds transferred to the Fund for a Healthy Maine at \$4.5 million per year, with the balance transferred to the General Fund.

** Beginning in FY10, this category reflects revenue transfers from the Fund for a Healthy Maine to General Fund undedicated revenue to offset revenue reductions from the implementation of PL 2007, c. 467, which limited the sale of certain flavored cigars and cigarettes beginning July 1, 2009.

**FUND FOR A HEALTHY MAINE (FHM) REVENUE
(TOBACCO SETTLEMENT REVENUE)
REVENUE FORECASTING COMMITTEE RECOMMENDATIONS - MAY 2011**

Source	FY12 Budget	% Chg.	Recom. Chg.	FY12 Revised	% Chg.	FY13 Budget	% Chg.	Recom. Chg.	FY13 Revised	% Chg.
Tobacco Settlement Payments:										
- Base Payments	40,656,099	1.4%	0	40,656,099	-2.0%	40,678,468	0.1%	0	40,678,468	0.1%
- Strategic Contribution Payments	8,460,640	1.4%	0	8,460,640	-1.0%	8,467,725	0.1%	0	8,467,725	0.1%
Racino Revenue *	4,500,000	0.0%	0	4,500,000	0.0%	5,601,895	24.5%	(251,249)	5,350,646	18.9%
Income from Investments	4,175	10.9%	2,336	6,511	227.7%	8,834	111.6%	12,905	21,739	233.9%
Attorney General Reimbursements and Other Income **	(161,786)	-11.5%	0	(161,786)	-11.5%	(164,751)	-1.8%	0	(164,751)	-1.8%
Total - FHM Revenue	53,459,128	1.3%	2,336	53,461,464	-1.7%	54,592,171	2.1%	(238,344)	54,353,827	1.7%
Change in Biennial Totals								(236,008)		

* Racino Revenue reflects that portion of the State's share of proceeds from slot machines at commercial race tracks designated for the Fund for a Healthy Maine. For fiscal years 2009-10, 2010-11, and 2011-12, PL 2009, c. 462, Pt. H. caps the proceeds transferred to the Fund for a Healthy Maine at \$4.5 million per year, with the balance transferred to the General Fund.

** Beginning in FY10, this category reflects revenue transfers from the Fund for a Healthy Maine to General Fund undedicated revenue to offset revenue reductions from the implementation of PL 2007, c. 467, which limited the sale of certain flavored cigars and cigarettes beginning July 1, 2009.

**FUND FOR A HEALTHY MAINE (FHM) REVENUE
(TOBACCO SETTLEMENT REVENUE)
REVENUE FORECASTING COMMITTEE RECOMMENDATIONS - MAY 2011**

Source	FY14 Projection	% Chg.	Recom. Chg.	FY14 Revised	% Chg.	FY15 Projection	% Chg.	Recom. Chg.	FY15 Revised	% Chg.
Tobacco Settlement Payments:										
- Base Payments	46,373,513	14.0%	0	46,373,513	14.0%	45,870,270	-1.1%	0	45,870,270	-1.1%
- Strategic Contribution Payments	8,474,817	0.1%	0	8,474,817	0.1%	8,481,914	0.1%	0	8,481,914	0.1%
Racino Revenue *	5,769,952	3.0%	(258,786)	5,511,166	3.0%	5,943,051	3.0%	(266,550)	5,676,501	3.0%
Income from Investments	22,512	154.8%	1,590	24,102	10.9%	22,512	0.0%	1,590	24,102	0.0%
Attorney General Reimbursements and Other Income **	(167,956)	-1.9%	0	(167,956)	-1.9%	(171,315)	-2.0%	0	(171,315)	-2.0%
Total - FHM Revenue	60,472,838	10.8%	(257,196)	60,215,642	10.8%	60,146,432	-0.5%	(264,960)	59,881,472	-0.6%
									(522,156)	

* Racino Revenue reflects that portion of the State's share of proceeds from slot machines at commercial race tracks designated for the Fund for a Healthy Maine. For fiscal years 2009-10, 2010-11, and 2011-12, PL 2009, c. 462, Pt. H. caps the proceeds transferred to the Fund for a Healthy Maine at \$4.5 million per year, with the balance transferred to the General Fund.

** Beginning in FY10, this category reflects revenue transfers from the Fund for a Healthy Maine to General Fund undedicated revenue to offset revenue reductions from the implementation of PL 2007, c. 467, which limited the sale of certain flavored cigars and cigarettes beginning July 1, 2009.

FUND FOR A HEALTHY MAINE (FHM) STATUS

Final Amounts through the Close of Fiscal Year 2010-11 ¹

	FY 10	FY 11
<u>FHM RESOURCES:</u>		
<u>Revenue</u>		
December 2008 Base Revenue Estimate	\$63,760,785	\$64,478,815
May 2009 Revenue Forecast	(\$4,106,734)	(\$7,384,811)
December 2009 Revenue Forecast	\$521,642	\$222,282
Initiative to Streamline State Government (LD 1668, PL 2009, c. 462)	(\$776,923)	(\$882,971)
March 2010 Revenue Forecast	(\$6,807)	(\$9,779)
December 2010 Revenue Revision	\$0	(\$3,629,443)
May 2011 Revenue Revision	\$0	\$1,592,106
Revenue Variances (Actual minus Budgeted Revenue)	(\$1,831,821)	\$508
Subtotal - Revenue	\$57,560,142	\$54,386,707
<u>Other Resources and Adjustments</u>		
Adjustments to Prior Year Balances	\$694,686	\$536,315
Lapsed Balances from Unexpended Funds	\$2,661,971	\$2,322,774
Subtotal - Other Resources and Adjustments	\$3,356,657	\$2,859,090
Total FHM Resources	\$60,916,798	\$57,245,796
<u>FHM ALLOCATIONS AND OTHER USES: ²</u>		
<u>Transfers</u>		
2010-2011 Supplemental Budget (LD 1671, PL 2009, c.571)	\$3,925,515	\$1,455,770
Subtotal - Transfers	\$3,925,515	\$1,455,770
<u>Allocations</u>		
2010-2011 Biennial Budget - Baseline Budget	\$69,006,136	\$69,014,916
2010-2011 Biennial Budget Adjustments to Baseline	(\$6,267,094)	(\$8,235,646)
Initiative to Streamline State Government (LD 1668, PL 2009, c. 462)	\$0	\$110,092
2010-2011 Supplemental Budget (LD 1671, PL 2009, c. 571)	\$1,676,780	(\$3,026,416)
EFY11 Supplemental Budget (LD 100, PL 2011, c. 1)	\$0	\$1,380,582
Subtotal - Allocations	\$64,415,822	\$59,243,528
Total Allocations and Other Uses	\$68,341,337	\$60,699,298
Net Change (Resources minus Allocations and Other Uses)	(\$7,424,539)	(\$3,453,502)
BEGINNING BALANCE	\$11,845,686	\$4,421,147
NET CHANGE (FROM ABOVE)	(\$7,424,539)	(\$3,453,502)
ENDING BALANCE ³	\$4,421,147	\$967,645

NOTES:

¹ Reflects all budgeted revenue, transfers and allocations through the close of the 1st Regular Session of the 125th Legislature, including revenue variances and accounting adjustments at the close of FY 11.

² For the purposes of this summary, transfers out are treated as an expenditure/use and are positive amounts, while transfers in are negative amounts.

³ PL 2011 c. 1, Part G allowed the State Controller to transfer up to \$3,500,000 in FY 11 from Other Special Revenue Funds to the Fund for a Healthy Maine to help meet obligations of the Fund for a Healthy Maine for FY 11. As a result of program balances and closing adjustments for FY 11 this transfer was not needed.

FUND FOR A HEALTHY MAINE (FHM) STATUS
Budgeted Amounts through the 125th Legislature, 1st Special Session ¹

	FY 12	FY 13
<u>FHM RESOURCES:</u>		
Revenue:		
December 2010 Base Revenue Estimate	\$53,459,128	\$54,592,171
May 2011 Revenue Revision	\$2,336	(\$238,344)
2012-2013 Biennial Budget (LD 1043, PL 2011, c. 380)	\$161,786	(\$685,895)
Subtotal - Revenue	\$53,623,250	\$53,667,932
Total FHM Resources	\$53,623,250	\$53,667,932
<u>FHM ALLOCATIONS AND OTHER USES: ²</u>		
<u>Transfers</u>		
2012-2013 Biennial Budget (LD 1043, PL 2011, c. 380)	\$1,375,000	\$3,240,000
Subtotal - Transfers	\$1,375,000	\$3,240,000
<u>Allocations</u>		
Governor's Proposed Baseline Budget	\$58,928,332	\$58,997,258
2012-2013 Biennial Budget (LD 1043, PL 2011, c. 380) - Adjustments	(\$8,572,316)	(\$8,570,771)
	\$50,356,016	\$50,426,487
Total Allocations and Other Uses	\$51,731,016	\$53,666,487
Net Change (Resources minus Allocations and Other Uses)	\$1,892,234	\$1,445
BEGINNING BALANCE ³	\$967,645	\$2,859,879
NET CHANGE (FROM ABOVE)	\$1,892,234	\$1,445
ENDING BALANCE	\$2,859,879	\$2,861,324

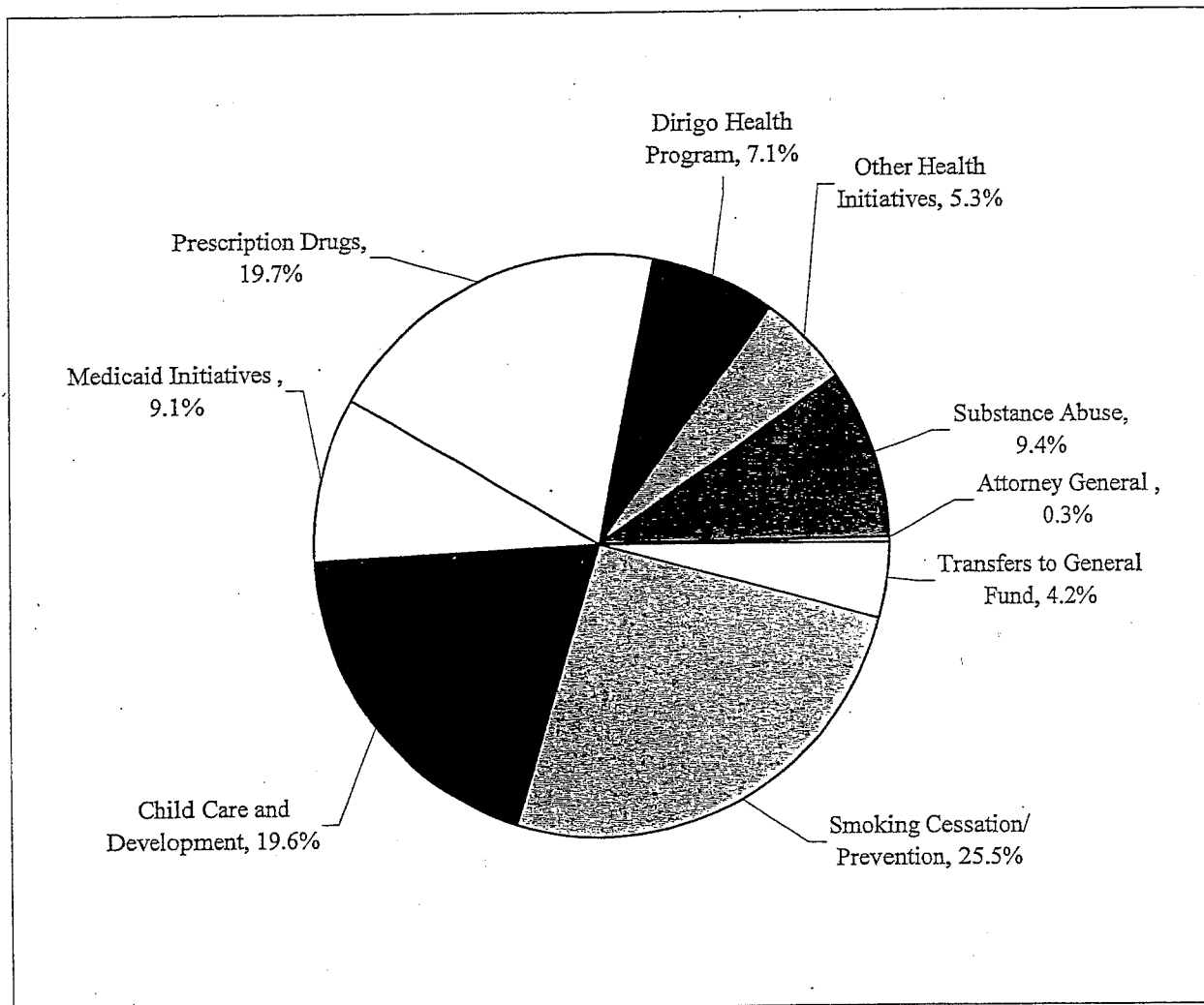
NOTES:

¹ Reflects all budgeted revenue, transfers and allocations through the close of the 1st Special Session of the 125th Legislature, including revenue variances and accounting adjustments at the close of FY 11.

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³ PL 2011 c. 1, Part G allowed the State Controller to transfer up to \$3,500,000 in FY 11 from Other Special Revenue Funds to the Fund for a Healthy Maine to help meet obligations of the Fund for a Healthy Maine for FY 11. As a result of program balances and closing adjustments for FY 11 this transfer was not needed.

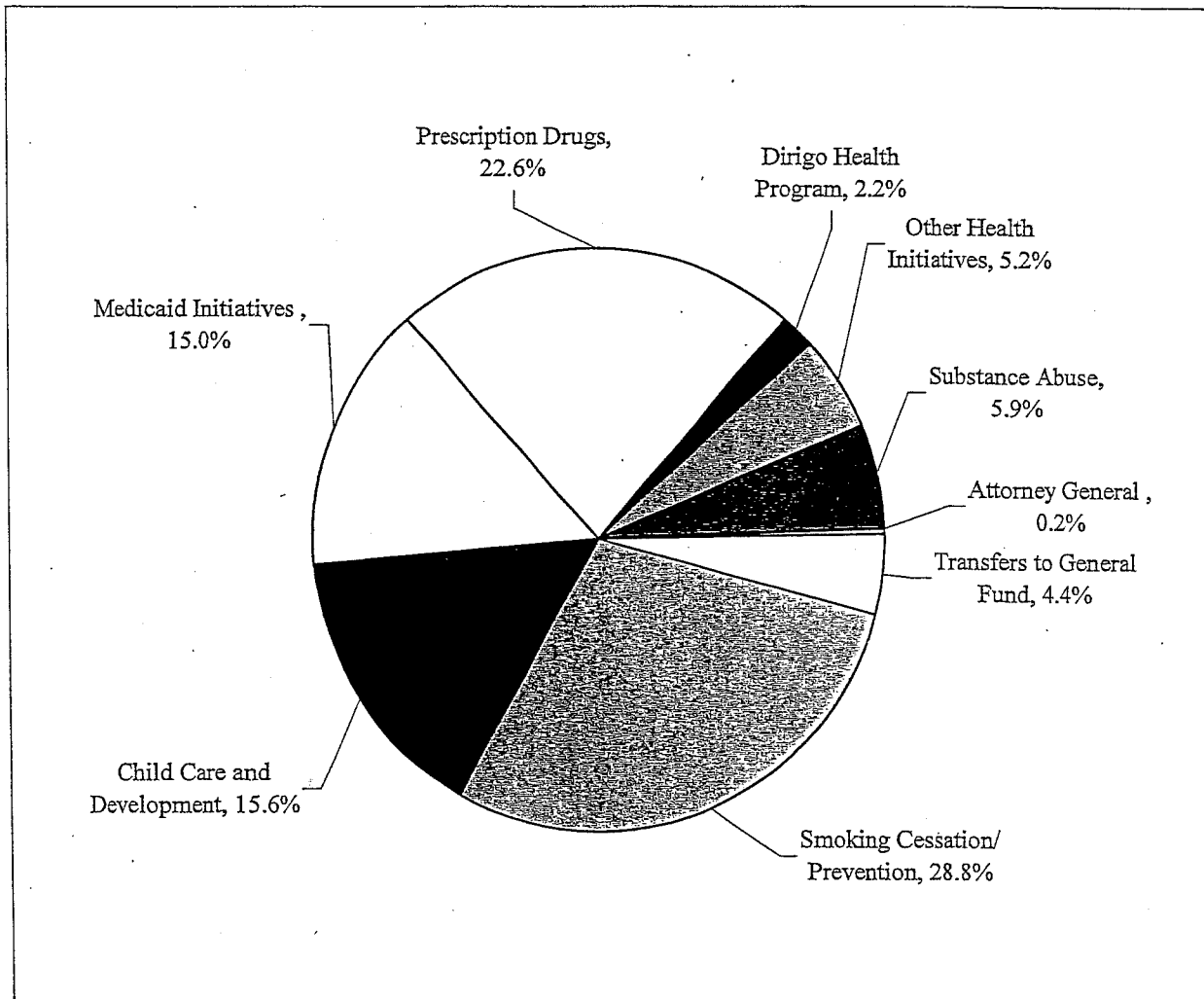
Fund for a Healthy Maine (FHM)
Budgeted Allocations and Uses *
2010-2011 Biennium



	2009-10	2010-11	Biennium
Smoking Cessation/ Prevention	\$16,886,317	\$16,049,319	\$32,935,636
Child Care and Development	\$13,690,918	\$11,543,235	\$25,234,153
Medicaid Initiatives	\$6,141,680	\$5,589,839	\$11,731,519
Prescription Drugs	\$13,031,892	\$12,352,950	\$25,384,842
Dirigo Health Program	\$4,683,443	\$4,441,791	\$9,125,234
Other Health Initiatives	\$3,394,913	\$3,381,458	\$6,776,371
Substance Abuse	\$6,417,713	\$5,709,161	\$12,126,874
Attorney General	\$168,946	\$175,775	\$344,721
Transfers to General Fund	\$3,925,515	\$1,455,770	\$5,381,285
Totals	<u>\$68,341,337</u>	<u>\$60,699,298</u>	<u>\$129,040,635</u>

* Reflects Budgeted Allocations and Uses through the 125th Legislature, 1st Regular Session

Fund for a Healthy Maine (FHM)
Budgeted Allocations and Uses *
2012-2013 Biennium



	2011-12	2012-13	Biennium
Smoking Cessation/ Prevention	\$15,178,943	\$15,209,299	\$30,388,242
Child Care and Development	\$8,243,919	\$8,243,919	\$16,487,838
Medicaid Initiatives	\$7,876,677	\$7,906,432	\$15,783,109
Prescription Drugs	\$11,934,230	\$11,934,230	\$23,868,460
Dirigo Health Program	\$1,161,647	\$1,161,647	\$2,323,294
Other Health Initiatives	\$2,742,788	\$2,745,301	\$5,488,089
Substance Abuse	\$3,105,972	\$3,105,972	\$6,211,944
Attorney General	\$111,840	\$119,687	\$231,527
Transfers to General Fund	\$1,375,000	\$3,240,000	\$4,615,000
Totals	\$51,731,016	\$53,666,487	\$105,397,503

** Reflects Budgeted Allocations and Uses through the 125th Legislature, 1st Regular Session*

Fund for a Healthy Maine (FHM) Budgeted Allocations and Uses History

	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12 ¹	2012-13 ¹
Smoking Cessation/ Prevention ²	\$3,500,000	\$12,526,011	\$13,755,488	\$15,571,085	\$14,938,883	\$15,305,670	\$15,545,990	\$15,791,699	\$16,774,452	\$17,695,339	\$16,886,317	\$16,049,319	\$15,178,943	\$15,209,299
and Care and Development	\$0	\$11,714,999	\$9,352,516	\$7,290,437	\$10,472,121	\$10,809,181	\$10,797,869	\$11,120,956	\$12,600,798	\$12,996,332	\$13,690,918	\$11,543,235	\$8,243,919	\$8,243,919
Head Initiatives	\$0	\$5,115,425	\$5,503,666	\$6,442,370	\$6,777,827	\$6,138,563	\$6,028,661	\$9,816,920	\$9,547,397	\$7,609,885	\$6,141,680	\$5,589,839	\$7,876,677	\$7,906,432
Prescription Drugs	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,410,000	\$10,000,000	\$9,664,409	\$8,350,060	\$11,824,840	\$14,062,727	\$13,031,892	\$12,352,930	\$11,934,230	\$11,934,230
Go Health Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,000,000	\$4,683,443	\$4,441,791	\$1,161,647	\$1,161,647
er Health Initiatives	\$0	\$1,431,408	\$1,688,873	\$1,893,294	\$1,890,374	\$1,891,303	\$1,895,542	\$1,939,878	\$3,583,770	\$3,963,051	\$3,394,913	\$3,381,458	\$2,742,788	\$2,745,301
stance Abuse	\$0	\$5,800,000	\$4,317,725	\$5,647,037	\$5,653,108	\$5,660,016	\$5,741,915	\$5,769,815	\$6,563,613	\$6,472,607	\$6,417,713	\$5,709,161	\$3,105,972	\$3,105,972
Money General	\$0	\$299,989	\$49,372	\$52,100	\$57,024	\$58,281	\$68,551	\$72,607	\$189,045	\$198,684	\$168,946	\$175,775	\$111,840	\$119,687
Allocated Fund-wide Deallocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Allocations	\$3,500,000	\$46,887,832	\$44,667,640	\$46,896,523	\$50,199,337	\$49,863,014	\$49,742,937	\$52,852,935	\$61,083,915	\$67,998,625	\$64,415,822	\$59,243,528	\$50,356,016	\$50,426,487
Transfers to Maine Rx Dedicated Fund	\$0	\$0	\$1,700,000	(\$1,700,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Transfers to (from) the General Fund	\$0	\$24,055,000	\$10,000,000	\$43,244,794	\$6,736,628	\$55,218	(\$1,895,717)	\$2,571,648	\$225,000	\$1,464,406	\$3,925,515	\$1,455,770	\$1,375,000	\$3,240,000
Allocation to Healthy Maine Trust Fund ³	\$0	\$11,094,848	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Other Uses	\$0	\$35,149,848	\$11,700,000	\$41,544,794	\$6,736,628	\$55,218	(\$1,895,717)	\$2,571,648	\$225,000	\$1,464,406	\$3,925,515	\$1,455,770	\$1,375,000	\$3,240,000
Totals Allocations and Other Uses ⁴	\$3,500,000	\$82,037,680	\$56,367,640	\$88,441,317	\$56,935,965	\$49,918,232	\$47,847,220	\$55,424,583	\$61,308,915	\$69,463,031	\$68,341,337	\$60,699,298	\$51,731,016	\$53,666,487

¹ Reflects all budgeted allocations and transfers through the close of the 1st Special Session of the 125th Legislature.

² 1999-00 includes \$3.5 million transferred from the FHM to the Bureau of Health for tobacco prevention and control initiatives.

³ The \$11,094,848 allocated to the Healthy Maine Trust Fund in 2000-01 was subsequently repeated and \$11,099,592 was transferred to the General Fund in PL 2001, c. 358, Sec. Q-8.

⁴ Does not include the \$25,540,000 allocated to Biennial Reserve in 2000-01 and then subsequently deallocated in 2001-02 in PL 2001, c. 358, Sec. Q-12.

Fund for a Healthy Maine (FHM) Allocations Through 125th Legislature, 1st Special Session ¹ FY 2003-04 to FY 2012-13

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
DEPARTMENT OF ADMINISTRATION AND FINANCIAL SERVICES										
011-18F-0921-01 FUND FOR A HEALTHY MAINE										
All Other	0	0	0	0	0	0	0	0	0	0
Program Total	0	0	0	0	0	0	0	0	0	0
Annual % Increase	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
DEPARTMENT OF THE ATTORNEY GENERAL										
011-26A-0947-01 FHM - ATTORNEY GENERAL										
Pos. - Leg.	(0.000)	(0.000)	(0.000)	(0.000)	(1.500)	(1.500)	(1.500)	(1.500)	(1.500)	(1.500)
Pers. Serv.	53,778	55,223	62,382	66,054	159,616	169,115	141,832	149,729	87,738	95,424
All Other	3,246	3,058	6,169	6,553	29,429	29,569	27,114	26,046	24,102	24,263
Program Total	57,024	58,281	68,551	72,607	189,045	198,684	168,946	175,775	111,840	119,687
Annual % Increase	9.45%	2.20%	17.62%	5.92%	160.37%	5.10%	-14.97%	4.04%	-36.37%	7.02%
DIRIGO HEALTH										
011-95D-Z070-01 FHM - DIRIGO HEALTH										
All Other	0	0	0	0	0	5,000,000	4,683,443	4,441,791	1,161,647	1,161,647
Program Total	0	0	0	0	0	5,000,000	4,683,443	4,441,791	1,161,647	1,161,647
Annual % Increase	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-6.33%	-5.16%	-73.85%	0.00%
DEPARTMENT OF EDUCATION										
011-05A-0949-01 FHM - SCHOOL NURSE CONSULTANT										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(0.000)	(0.000)
Pers. Serv.	76,688	77,349	80,930	82,069	90,633	94,647	94,792	96,469	0	0
All Other	7,436	7,704	8,006	8,206	9,134	9,023	8,623	8,178	0	0
Program Total	84,124	85,053	88,936	90,275	99,767	103,670	103,415	104,647	0	0
Annual % Increase	-3.32%	1.10%	4.57%	1.51%	10.51%	3.91%	-0.25%	1.19%	-100.00%	0.00%
011-05A-Z068-01 FHM - SCHOOL BREAKFAST PROGRAM										
All Other	0	0	0	0	0	224,925	171,314	162,475	213,720	213,720
Program Total	0	0	0	0	0	224,925	171,314	162,475	213,720	213,720
Annual % Increase	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-23.84%	-5.16%	31.54%	0.00%
DEPARTMENT OF EDUCATION										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(0.000)	(0.000)
Pers. Serv.	76,688	77,349	80,930	82,069	90,633	94,647	94,792	96,469	0	0
All Other	7,436	7,704	8,006	8,206	9,134	233,948	179,937	170,653	213,720	213,720
Program Total	84,124	85,053	88,936	90,275	99,767	328,595	274,729	267,122	213,720	213,720
Annual % Increase	-3.32%	1.10%	4.57%	1.51%	10.51%	229.36%	-16.39%	-2.77%	-19.99%	0.00%
FINANCE AUTHORITY OF MAINE										
011-94F-0950-02 FHM - HEALTH EDUCATION CENTERS										
All Other	100,000	100,000	101,602	103,235	117,235	117,235	112,040	106,260	100,353	100,353
Program Total	100,000	100,000	101,602	103,235	117,235	117,235	112,040	106,260	100,353	100,353
Annual % Increase	0.00%	0.00%	1.60%	1.61%	13.56%	0.00%	-4.43%	-5.16%	-5.56%	0.00%

Fund for a Healthy Maine (FHM) Allocations Through 125th Legislature, 1st Special Session¹ FY 2003-04 to FY 2012-13

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
011-94F-0951-02 FHM - DENTAL EDUCATION										
All Other	240,000	240,000	241,601	243,235	277,735	277,735	265,428	251,735	237,740	237,740
Program Total	240,000	240,000	241,601	243,235	277,735	277,735	265,428	251,735	237,740	237,740
Annual % Increase	30.52%	0.00%	0.67%	0.68%	14.18%	0.00%	-4.43%	-5.16%	-5.56%	0.00%
011-94F-0952-02 FHM - QUALITY CHILD CARE										
All Other	145,356	145,356	146,958	148,592	167,792	167,792	160,358	152,084	0	0
Program Total	145,356	145,356	146,958	148,592	167,792	167,792	160,358	152,084	0	0
Annual % Increase	0.00%	0.00%	1.10%	1.11%	12.92%	0.00%	-4.43%	-5.16%	-100.00%	0.00%
FINANCE AUTHORITY OF MAINE										
All Other	485,356	485,356	490,161	495,062	562,762	562,762	537,826	510,079	338,093	338,093
Dept. Total	485,356	485,356	490,161	495,062	562,762	562,762	537,826	510,079	338,093	338,093
Annual % Increase	13.07%	0.00%	0.99%	1.00%	13.68%	0.00%	-4.43%	-5.16%	-33.72%	0.00%
DEPARTMENT OF HEALTH AND HUMAN SERVICES (formerly BDS)										
011-14G-0948-01 FHM - SUBSTANCE ABUSE										
All Other	5,570,005	5,570,005	5,643,669	5,657,240	6,466,079	6,361,921	6,297,305	5,589,908	1,848,306	1,848,306
Program Total	5,570,005	5,570,005	5,643,669	5,657,240	6,466,079	6,361,921	6,297,305	5,589,908	1,848,306	1,848,306
Annual % Increase	0.00%	0.00%	1.32%	0.24%	14.30%	-1.61%	-1.02%	-11.23%	-66.93%	0.00%
011-14G-0948-02 FHM - SUBSTANCE ABUSE										
All Other	0	0	0	0	0	0	0	0	0	0
Program Total	0	0	0	0	0	0	0	0	0	0
Annual % Increase	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
DEPARTMENT OF HEALTH AND HUMAN SERVICES (formerly BDS)										
All Other	5,570,005	5,570,005	5,643,669	5,657,240	6,466,079	6,361,921	6,297,305	5,589,908	3,105,972	3,105,972
Dept. Total	5,570,005	5,570,005	5,643,669	5,657,240	6,466,079	6,361,921	6,297,305	5,589,908	3,105,972	3,105,972
Annual % Increase	0.00%	0.00%	1.32%	0.24%	14.30%	-1.61%	-1.02%	-11.23%	-44.44%	0.00%
DEPARTMENT OF HEALTH AND HUMAN SERVICES (formerly DHS)										
011-10A-0953-01 FHM - BUREAU OF HEALTH - ORAL HEALTH										
All Other	950,000	950,000	948,155	973,897	1,113,797	973,897	930,744	927,726	600,000	600,000
Program Total	950,000	950,000	948,155	973,897	1,113,797	973,897	930,744	927,726	600,000	600,000
Annual % Increase	0.00%	0.00%	-0.19%	2.71%	14.36%	-12.56%	-4.43%	-0.32%	-35.33%	0.00%
011-10A-0953-02 FHM - BUREAU OF HEALTH - TOBACCO PREVENTION AND CONTROL										
Pos. - Leg.	(5,000)	(5,000)	(4,000)	(4,000)	(4,000)	(4,000)	(7,000)	(7,000)	(7,000)	(7,000)
Pers. Serv.	273,884	293,267	282,677	269,111	282,364	302,007	603,169	599,750	580,050	599,379
All Other	6,524,999	6,222,403	6,488,260	6,539,145	6,493,345	7,075,589	6,496,640	6,164,756	5,822,030	5,822,114
Program Total	6,798,883	6,515,670	6,770,937	6,808,256	6,775,709	7,377,596	7,099,809	6,764,506	6,402,080	6,421,493
Annual % Increase	0.26%	-4.17%	3.92%	0.55%	-0.48%	8.88%	-3.77%	-4.72%	-5.36%	0.30%
011-10A-0953-06 FHM - BUREAU OF HEALTH - HOME VISITS										
All Other	4,300,000	4,600,000	4,591,060	4,715,713	5,382,713	5,432,713	5,191,997	4,924,134	2,653,383	2,653,383
Program Total	4,300,000	4,600,000	4,591,060	4,715,713	5,382,713	5,432,713	5,191,997	4,924,134	2,653,383	2,653,383
Annual % Increase	30.30%	6.98%	-0.19%	2.72%	14.14%	0.93%	-4.43%	-5.16%	-46.11%	0.00%

Fund for a Healthy Maine (FHM) Allocations¹ Through 125th Legislature, 1st Special Session FY 2003-04 to FY 2012-13

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
011-10A-0953-07 FHM - BUREAU OF HEALTH - COMMUNITY SCHOOL GRANTS										
Pos. - Leg.	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Pers. Serv.	0	0	0	0	0	122,436	141,769	238,938	241,119	252,062
All Other	7,690,000	7,690,000	7,675,053	7,883,443	8,890,743	8,937,307	8,523,055	7,986,205	7,536,860	7,536,860
Program Total	7,690,000	7,690,000	7,675,053	7,883,443	8,890,743	9,059,743	8,664,824	8,225,143	7,777,979	7,788,922
Annual % Increase	0.00%	0.00%	-0.19%	2.72%	12.78%	1.90%	-4.36%	-5.07%	-5.44%	0.14%
011-10A-0953-08 FHM - PUBLIC HEALTH INFRASTRUCTURE										
Pos. - Leg.	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(1.000)	(1.000)	(1.000)
Pers. Serv.	0	0	0	0	0	0	0	110,092	108,488	111,001
All Other	0	0	0	0	1,370,000	1,470,000	1,404,866	1,332,387	1,258,314	1,258,314
Program Total	0	0	0	0	1,370,000	1,470,000	1,404,866	1,442,479	1,366,802	1,369,315
Annual % Increase	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	-4.43%	2.68%	-5.25%	0.18%
011-10A-0954-01 FHM - BFI - CENTRAL										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(0.000)	(0.000)	(0.000)	(0.000)
Pers. Serv.	34,762	37,286	42,528	44,416	51,051	54,052	0	0	0	0
All Other	902	941	1,467	4,450	7,726	7,846	281	0	0	0
Program Total	35,664	38,227	43,995	48,866	58,777	61,898	281	0	0	0
Annual % Increase	7.34%	7.19%	15.09%	11.07%	20.28%	5.31%	-99.55%	-100.00%	0.00%	0.00%
011-10A-0955-01 FHM - BUREAU OF MEDICAL SERVICES										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(0.000)	(0.000)	(0.000)
Pers. Serv.	64,778	65,832	67,003	43,021	66,075	83,660	87,047	0	0	0
All Other	55,440	55,443	53,151	51,837	56,837	56,837	53,239	1,065	0	0
Program Total	120,218	121,275	120,154	94,858	122,912	140,497	140,286	1,065	0	0
Annual % Increase	19.63%	0.88%	-0.92%	-21.05%	29.57%	14.31%	-0.15%	-99.24%	-100.00%	0.00%
011-10A-0956-01 FHM - FAMILY PLANNING										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(0.000)	(0.000)	(0.000)
Pers. Serv.	400,000	400,000	399,223	410,062	468,962	884,240	448,183	425,061	401,430	401,430
All Other	400,000	400,000	399,223	410,062	468,962	884,240	448,183	425,061	401,430	401,430
Program Total	800,000	800,000	798,446	820,124	937,924	1,768,480	896,366	850,122	802,860	802,860
Annual % Increase	0.00%	0.00%	-0.19%	2.72%	14.36%	88.55%	-49.31%	-5.16%	-5.56%	0.00%
011-10A-0957-01 FHM - SERVICE CENTER										
Pos. - Leg.	(10.000)	(10.000)	(10.000)	(10.000)	(10.000)	(10.000)	(10.000)	(5.000)	(0.000)	(0.000)
Pers. Serv.	545,674	571,899	592,966	634,384	652,570	673,752	719,569	340,530	0	0
All Other	44,853	44,928	44,841	46,235	46,438	46,349	61,072	19,123	0	0
Program Total	590,527	616,827	637,807	680,619	699,008	720,101	780,641	359,653	0	0
Annual % Increase	17.26%	4.45%	3.40%	6.71%	2.70%	3.02%	8.41%	-53.93%	-100.00%	0.00%
011-10A-0958-01 FHM - DONATED DENTAL										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(5.000)	(0.000)	(0.000)
Pers. Serv.	36,250	36,250	36,180	37,162	42,562	42,562	40,677	38,610	36,463	36,463
All Other	36,250	36,250	36,180	37,162	42,562	42,562	40,677	38,610	36,463	36,463
Program Total	72,500	72,500	72,360	74,324	85,124	85,124	81,354	77,220	72,926	72,926
Annual % Increase	0.00%	0.00%	-0.19%	2.71%	14.53%	0.00%	-4.43%	-5.08%	0.00%	0.00%
011-10A-0959-01 FHM - HEAD START										
Pos. - Leg.	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(1.000)	(5.000)	(0.000)	(0.000)
Pers. Serv.	1,350,000	1,350,000	1,347,376	1,383,960	1,582,460	1,582,460	1,512,343	1,434,319	1,354,580	1,354,580
All Other	1,350,000	1,350,000	1,347,376	1,383,960	1,582,460	1,582,460	1,512,343	1,434,319	1,354,580	1,354,580
Program Total	2,700,000	2,700,000	2,694,752	2,767,920	3,164,920	3,164,920	3,024,686	2,868,638	2,709,160	2,709,160
Annual % Increase	0.00%	0.00%	-0.19%	2.72%	14.34%	0.00%	-4.43%	-5.16%	-5.56%	0.00%

Fund for a Healthy Maine (FHM) Allocations **Through 125th Legislature, 1st Special Session¹** **FY 2003-04 to FY 2012-13**

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
011-10A-0960-01 FHM - MEDICAL CARE										
All Other	17,481,945	17,079,061	6,964,512	10,773,196	9,365,708	7,407,490	6,001,113	5,588,774	7,876,677	7,906,432
Program Total	17,481,945	17,079,061	6,964,512	10,773,196	9,365,708	7,407,490	6,001,113	5,588,774	7,876,677	7,906,432
Annual % Increase	0.42%	-2.30%	-59.22%	54.69%	-13.06%	-20.91%	-18.99%	-6.87%	40.94%	0.38%
011-10A-0961-01 FHM - PURCHASED SOCIAL SERVICES										
All Other	3,885,689	3,885,689	3,878,137	3,983,435	4,555,435	4,605,435	4,401,375	4,174,301	3,942,236	3,942,236
Program Total	3,885,689	3,885,689	3,878,137	3,983,435	4,555,435	4,605,435	4,401,375	4,174,301	3,942,236	3,942,236
Annual % Increase	117.60%	0.00%	-0.19%	2.72%	14.36%	0.00%	-4.43%	-5.16%	-5.56%	0.00%
011-10A-0962-01 FHM - BONE MARROW SCREENING										
All Other	80,000	80,000	79,845	82,012	93,712	93,712	89,560	84,940	0	0
Program Total	80,000	80,000	79,845	82,012	93,712	93,712	89,560	84,940	0	0
Annual % Increase	-41.24%	0.00%	-0.19%	2.71%	14.27%	0.00%	-4.43%	-5.16%	-100.00%	0.00%
011-10A-Z015-01 FHM - DRUGS FOR THE ELDERLY & DISABLED										
All Other	0	0	9,664,409	8,350,060	11,674,840	13,912,727	13,031,892	12,352,950	11,934,230	11,934,230
Program Total	0	0	9,664,409	8,350,060	11,674,840	13,912,727	13,031,892	12,352,950	11,934,230	11,934,230
Annual % Increase	0.00%	0.00%	0.00%	-13.60%	39.82%	19.17%	-6.33%	-5.21%	-3.39%	0.00%
011-10A-Z048-01 FHM - IMMUNIZATION										
All Other	0	0	0	0	1,258,000	1,258,000	1,201,684	1,139,670	1,078,884	1,078,884
Program Total	0	0	0	0	1,258,000	1,258,000	1,201,684	1,139,670	1,078,884	1,078,884
Annual % Increase	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	-4.48%	-5.16%	-5.33%	0.00%
DEPARTMENT OF HEALTH AND HUMAN SERVICES (formerly DHS)										
Pos. - Leg.	(17,000)	(17,000)	(16,000)	(16,000)	(16,000)	(16,000)	(18,000)	(13,000)	(8,000)	(8,000)
Pers. Serv.	919,098	968,284	985,174	990,932	1,052,060	1,235,907	1,551,554	1,289,310	929,657	962,442
All Other	42,800,078	42,394,715	42,171,669	45,234,607	52,403,278	53,787,164	49,388,721	46,594,021	44,495,087	44,524,926
Dept. Total	43,719,176	43,362,999	43,156,843	46,225,539	53,455,338	55,023,071	50,940,275	47,883,331	45,424,744	45,487,368
Annual % Increase	8.01%	-0.81%	-0.48%	7.11%	15.64%	2.93%	-7.42%	-6.00%	-5.13%	0.14%
JUDICIAL DEPARTMENT										
011-40A-0963-01 FHM - JUDICIAL DEPARTMENT										
Pos. - Leg.	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(0.000)	(0.000)
Pers. Serv.	80,553	87,410	95,586	100,849	94,808	107,960	117,803	116,782	0	0
All Other	2,550	2,601	2,660	2,726	2,726	2,726	2,605	2,471	0	0
Program Total	83,103	90,011	98,246	103,575	97,534	110,686	120,408	119,253	0	0
Annual % Increase	7.88%	8.31%	9.15%	5.42%	-5.83%	13.48%	8.78%	-0.96%	-100.00%	0.00%
DEPARTMENT OF PUBLIC SAFETY										
011-16A-0964-01 FHM - FIRE MARSHAL										
Pos. - Leg.	(3,500)	(3,500)	(3,500)	(3,500)	(3,000)	(3,000)	(3,000)	(3,000)	(0.000)	(0.000)
Pers. Serv.	181,169	191,542	176,781	188,327	201,270	250,539	237,637	242,543	0	0
All Other	19,380	19,767	19,750	20,310	12,120	12,367	1,155,253	13,726	0	0
Program Total	200,549	211,309	196,531	208,637	213,390	262,906	1,392,890	256,269	0	0
Annual % Increase	-2.54%	5.37%	-6.99%	6.16%	2.28%	23.20%	429.81%	-81.60%	-100.00%	0.00%

Fund for a Healthy Maine (FHM) Allocations

Through 125th Legislature, 1st Special Session ¹

FY 2003-04 to FY 2012-13

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
011-16A-Z085-01 FHM - DRUG ENFORCEMENT AGENCY PILOT PROJECT										
All Other	0	0	0	0	0	150,000	0	0	0	0
Program Total	0	0	0	0	0	150,000	0	0	0	0
Annual % Increase	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
DEPARTMENT OF PUBLIC SAFETY										
Pos. - Leg.	(3,500)	(3,500)	(3,500)	(3,500)	(3,000)	(3,000)	(3,000)	(3,000)	(0,000)	(0,000)
Pers. Serv.	181,169	191,542	176,781	188,327	201,270	250,539	237,637	242,543	0	0
All Other	19,380	19,767	19,750	20,310	12,120	162,367	1,155,253	13,726	0	0
Dept. Total	200,549	211,309	196,531	208,637	213,390	412,906	1,392,890	256,269	0	0
Annual % Increase	-2.54%	5.37%	-6.99%	6.16%	2.28%	93.50%	237.34%	-81.60%	-100.00%	0.00%
GRAND TOTALS - ALL DEPARTMENTS										
Pos. - Leg.	(22,500)	(22,500)	(21,500)	(21,500)	(22,500)	(22,500)	(24,500)	(19,500)	(9,500)	(9,500)
Pers. Serv.	1,311,286	1,379,808	1,400,853	1,428,231	1,598,387	1,858,168	2,143,618	1,894,833	1,017,395	1,057,866
All Other	48,888,051	48,483,206	48,342,084	51,424,704	59,485,528	66,140,457	62,272,204	57,348,695	49,338,621	49,368,621
Grand Total	50,199,337	49,863,014	49,742,937	52,852,935	61,083,915	67,998,625	64,415,822	59,243,528	50,356,016	50,426,487
Annual % Increase	7.04%	-0.67%	-0.24%	6.25%	15.57%	11.32%	-5.27%	-8.03%	-15.00%	-0.14%

Notes:

¹ Reflects all enacted allocations through the 125th Legislature, 1st Special Session.

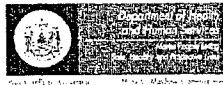
Review of FHM study resolve:

- Commission established in Resolve 2011, c. 112 (LD 1558). The bill came from the Government Oversight Committee following an Office of Program Evaluation and Government Accountability study.
- The resolve authorizes the Commission to meet six times with a report no later than December 7th. In consultation with the Chairs, the Commission will meet three times all day to accomplish the task by the deadline. (The resolve was not enacted as an emergency.)
- Duties of the Commission:
 - How does the Fund for Healthy Maine funding align with Maine's public health care and preventative health priorities and goals?
 - Review public health and preventative health priorities and goals;
 - Review strategies for addressing those priorities and goals;
 - Assess funding levels for those strategies.
 - What realignment of funding does the Commission recommend?
 - What process does the Commission recommend to ensure alignment in the future?
- The Commission submits a report with findings, recommendations and suggested legislation to the committees on Appropriations and Financial Affairs and Health and Human Services. Under the joint rules, committees have the authority to submit legislation based on the study report.



DHHS Overview Commission to Study Allocations of the Fund for a Healthy Maine

Presented 11/4/2011



Role of DHHS

- The Focus is on the Consumer
- Oversight
- Accountability
- Outcomes/Measurements



11/2/2011



DHHS Strategy

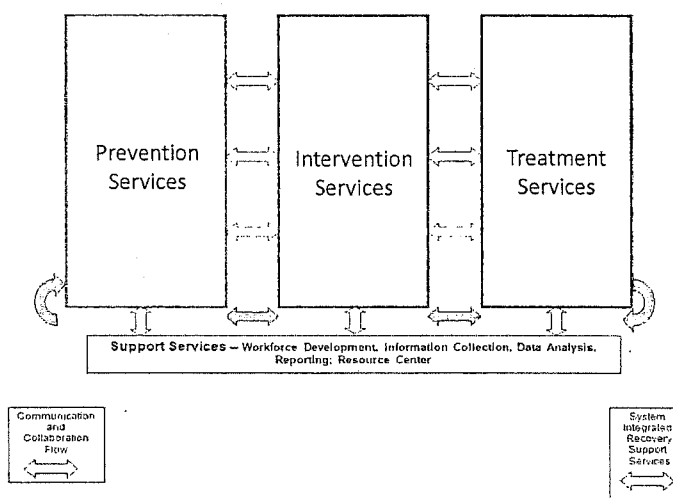
- Design and Implement an Effective/Efficient System
- Integration of Offices
- Centralization of Functions
- Collaboration with Partners

11/3/2011

3



Service Continuum Model



11/3/2011

4



The Big Picture

- Recovery-Based Model
- Continuum of Care Over the Lifespan
- No Wrong Door / No Wrong Point on the Continuum
- Front Load the System

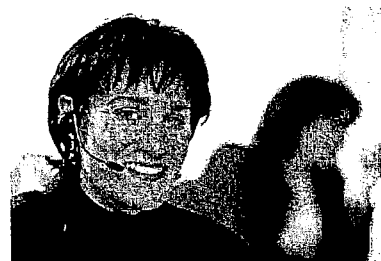


11/19/2011



All Together Now

- Engage providers
- Accountability
- Focus on the Consumer



11/19/2011



Emergency Department Collaborative Care Management Initiative

Pilot Project with MaineGeneral, Will be Expanded to all Hospitals.

DHHS Working with 30 High-Cost Emergency Department Users and has Saved \$100,000

- **Progress to date:**

- 23 hospitals providing daily census reports;
- 20 hospitals signed Business Associate Agreements
- 19 hospitals returned list of members needing care management
- 9 hospitals having case conferences
- 10 hospitals have case conferences scheduled



11/4/2011

7



Emergency Department Collaborative Care Management Initiative

- **Immediate Plans:**

- On October 20th, MaineCare and Quality Counts hosted an event with Dr. Jeffrey Brenner from Camden, New Jersey on Coordinating Care for High Need Populations.

- **Vision for the future:**

- Foundation building for Accountable Communities program
- Collaboration will continue in areas of the state that may not be served under the Accountable Communities program

The most important result is that 30 consumers are now receiving *appropriate* care.

11/5/2011

3



Integration of Health and Mental Health Systems of Care

- Reducing early mortality for persons with serious, persistent mental illness (SPMI);
 - Implementation of health screening tools by MH agencies;
 - MH workforce training on support for clients in health risk reduction;
 - Chronic disease self-management;
 - Effective partnerships with primary care providers.

11/3/2011



Integration

- Mortality reduction is furthered by:
 - Programs to reduce smoking rates, obesity and physical inactivity by persons with SPMI;
 - Track and measure health indicators in order to develop health promotion activities;
 - Medication management for antipsychotic medications that increase obesity, insulin resistance and other health risks.

11/3/2011

10



Wellness Programs for Older Adults

- Living Well for Better Health; Maine's Chronic Disease Self-Management Program
 - Collaborative with MCDC, the Area Agencies on Aging and MaineHealth;
 - This program is in its 5th year and empowers adults to control health through lifestyle and behavioral changes.
 - Has resulted in reductions in health care expenditures;
 - With fewer ER visits;
 - Fewer hospitalizations;
 - And fewer days spent in the hospital.

11/8/2011

11



Wellness Programs for Older Adults

- Maine's Experience:
 - 130 workshops reaching 1,100 individuals since 9/2011;
 - Statistics show that workshop participants surveyed
 - More likely to prepare a list of questions for their next doctor's visit;
 - More likely to exercise 1 hour or more daily;
 - Fewer missed work days for those who work.

11/8/2011

11



Keith Wilson
Child & Family Services

11/4/2011



Prevention Programs for Kids

- 12-15 year-olds' After School Program
 - This "too old for day care" group at high risk for unwise choices between end of school and when parents come home from work;
 - This prevention program provides activity-based after school alternatives, increasing self esteem while keeping kids safe.

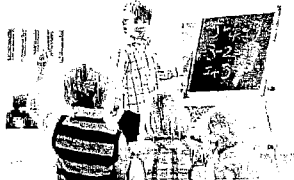


11/4/2011



Prevention Programs for Kids

- Home visiting, Head Start & Child Care
 - These programs assist in the prevention of child abuse/neglect, promote school readiness and provide safe places for children.



11/3/2011

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Geoff Miller
Associate Director
Office of Substance Abuse Services

11/3/2011

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Substance Abuse Prevention, Treatment and Intervention Services Budget

Prevention Services =	\$ 335,387
Treatment Services =	1,336,210
Correctional Treatment Services =	87,086
Women's Treatment Services =	69,748
Intervention PMP =	<u>20,130</u>
Total =	\$1,848,561

11/4/2011



Substance Abuse Funds

- These funds are contracted to provide evidence-based services.

The contracts are performance based and have measureable deliverables and outcomes.

The contracts have multiple funding lines FHM being one; Federal Grants, General Funds, and other grants being others.

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Substance Abuse Funds

- Contracts are monitored throughout the year by OSA Program Staff:
 - Quarterly narrative and fiscal reports
 - Electronic data systems: OSA Treatment Data System (TDS), and the KIT Prevention System.
 - Technical Assistance Calls
 - Site visits
 - Agency Monitoring Meetings



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Sheila Pinette, DO
Director
Maine Center for Disease Control and
Prevention

11/3/2011

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History of Allocations

22 MRSA §1511 limits Fund uses to eight health-related purposes:

- Smoking prevention, cessation and control for adults and children;
- Prenatal and young children's care; home visits parents of children from birth to age 6 ;
- Child care for children up to 15 years of age;
- Health care for children and adults;
- Prescription drugs for adults who are elderly or disabled;
- Dental and oral health care to low-income persons;
- Substance abuse prevention and treatment; and
- Comprehensive school health and nutrition programs, including school-based health centers.



OPEGA Report, October 2009



Master Settlement Agreement

- Maine receives two different payments on an annual basis
 - Annual Payment is set up to be received in perpetuity and is about \$50 million annually
 - Strategic Contribution Payment received from 2008 to 2017 and is about \$10 million annually

DEPOSIT

11/4/2011

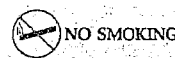
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Philosophy Behind the Allocations

- Recoup state Medicaid costs of treating tobacco-related illness.
- Legislature created Fund for a Healthy Maine to reduce the burden of tobacco use

Maine CDC/DHHS funds



- Tobacco prevention and support for tobacco users to quit
- Proven strategies that benefit many other program areas
 - Increased sample size for adult health survey to monitor trends and evaluate our work
 - Integrated youth health survey across multiple state agencies
 - Technical assistance and materials for local communities to coordinate state work with that at the local level

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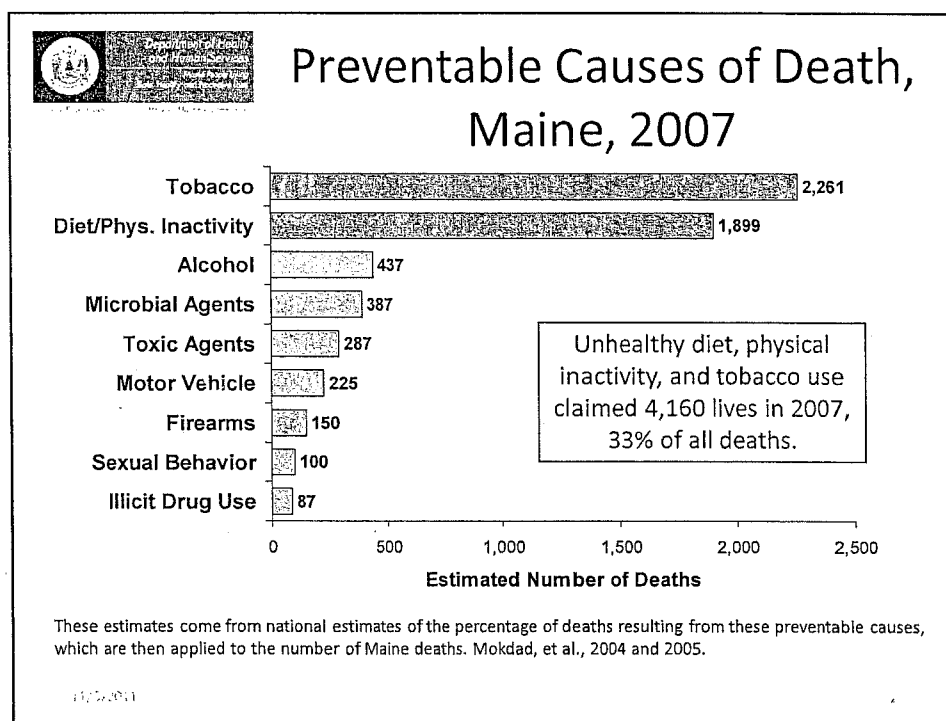
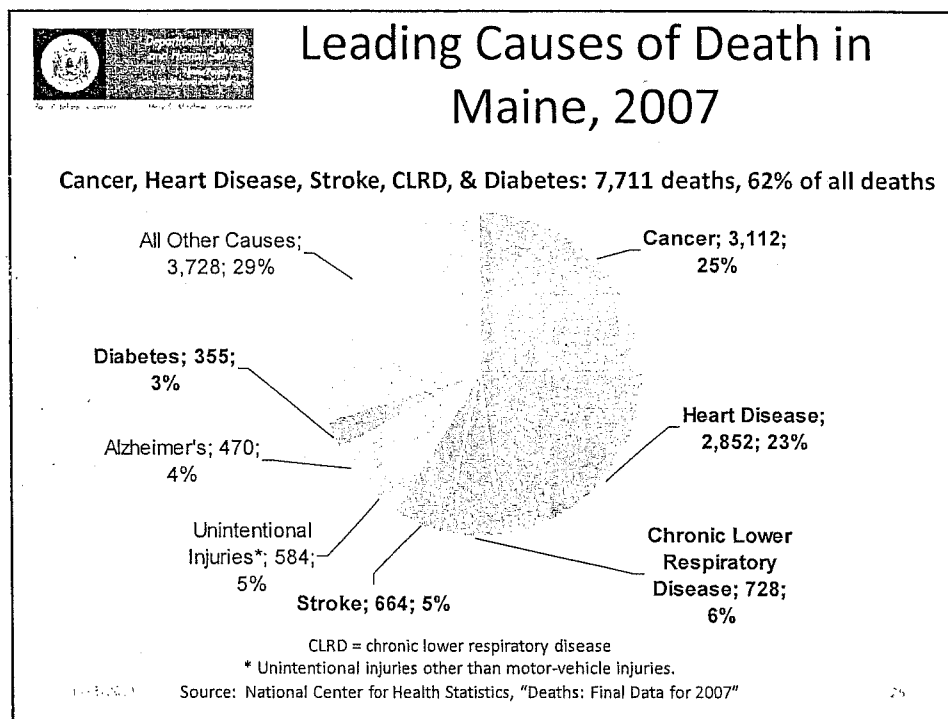
Philosophy Behind the Allocations

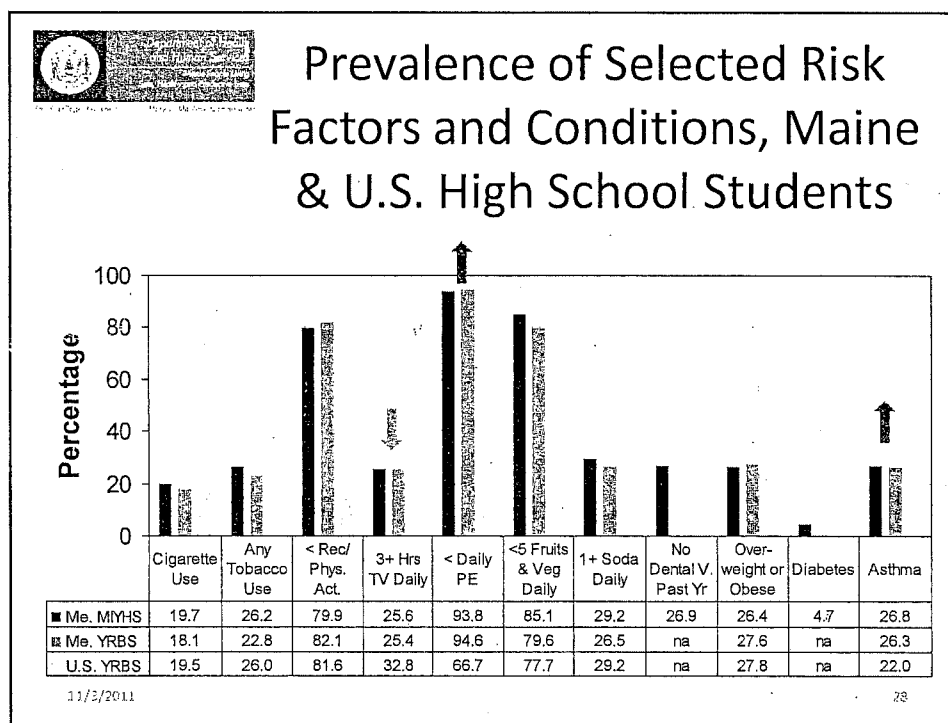
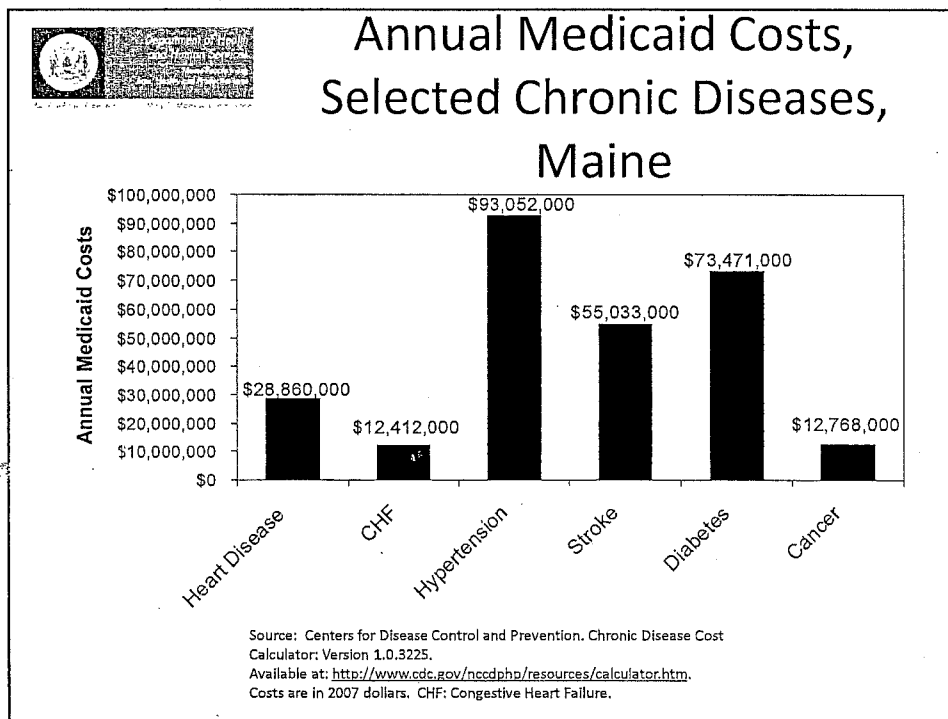
- Maine CDC strategic priorities support the funding decisions for state and local level interventions
- Strategic priority:
 - Provide leadership to assure healthy conditions where people live, work and play



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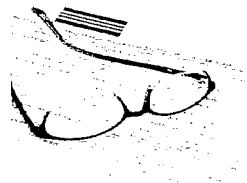






What Can We Do About The Data?

- U.S. CDC estimates –
 - 80% of heart disease and stroke
 - 80% of type 2 diabetes
 - 40% of cancer



Could be prevented if we do 3 things -

- Avoid tobacco use
- Eat nutritious foods
- Be physically active



Framework for Maine CDC/DHHS response to FHM

- Public Health Model
 - Primary prevention
 - Secondary prevention
 - Tertiary prevention
 - Applicable to response to health issues across spectrum of DHHS responsibilities





Framework for Maine CDC/DHHS

- Priorities and goals related to Maine residents
 - Outlined in HM 2010 and 2020
 - Healthy Maine founded upon Healthy People 2010 and 2020
 - Healthy People 2020 – 4 overarching goals
 - Attaining high-quality, longer lives
 - Achieve health equity
 - Create environments that promote good health for all
 - Promote quality of life, healthy development and behaviors across all life stages



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Strategies to Improve Health Outcomes for Maine Residents

- Identified in HM 2010 and 2020
- Build community capacity
- Build state and local public health capacity
- Workforce development
- Access to community prevention interventions
- Access to health and dental insurance
- Reducing barriers to high quality care
- Improving quality of health care systems



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DHHS Shared Goals Related to Healthy Maine 2010 & 2020

- Access to quality health care, disease prevention and health promotion
- Chronic disease
- Environmental health
- Reproductive health
- Infectious disease and immunization



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DHHS Shared Goals Related to Healthy Maine 2010 & 2020

- Injury prevention
- Mental health
- Occupational health
- Physical activity and nutrition
- Substance abuse prevention



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DHHS Shared Goals Related to Healthy Maine 2010 & 2020

- Identify disparities in outcomes among all populations within Maine
- Direct resources toward reducing or eliminating inequalities in health outcomes
- Levels of prevention activities



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Break/End Morning Session

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DHHS Overview Commission to Study Allocations of the Fund for a Healthy Maine Afternoon Session

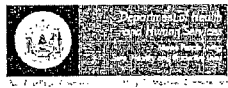
Presented 11/4/2011



Our Work Is Based on Public Health Models

- Population-based
- Evidence based or promising practice as cited by key national documents
- Guidance from federal funders





Key Ways We Incorporate National Priorities

- National Prevention Strategy
 - Launched June 2011
 - Office of the Surgeon General
- Sets Strategic Directions:
 - Healthy and Safe Community Environments
 - Clinical and Community Preventive Services
 - Empowered People
 - Elimination of Health Disparities

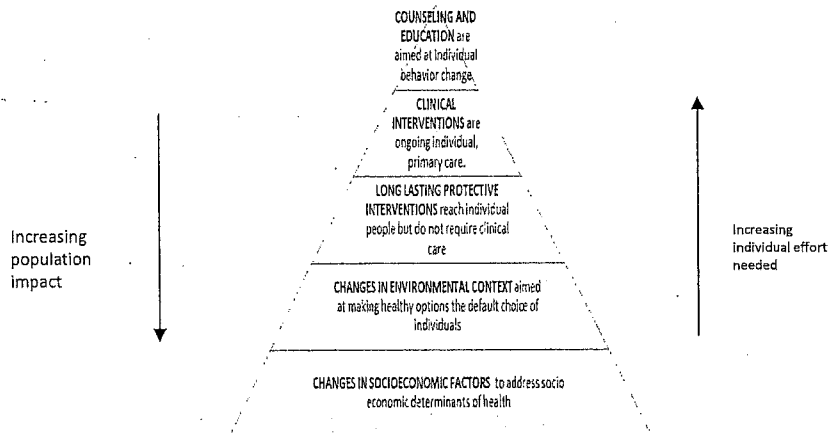


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Health Impact Pyramid

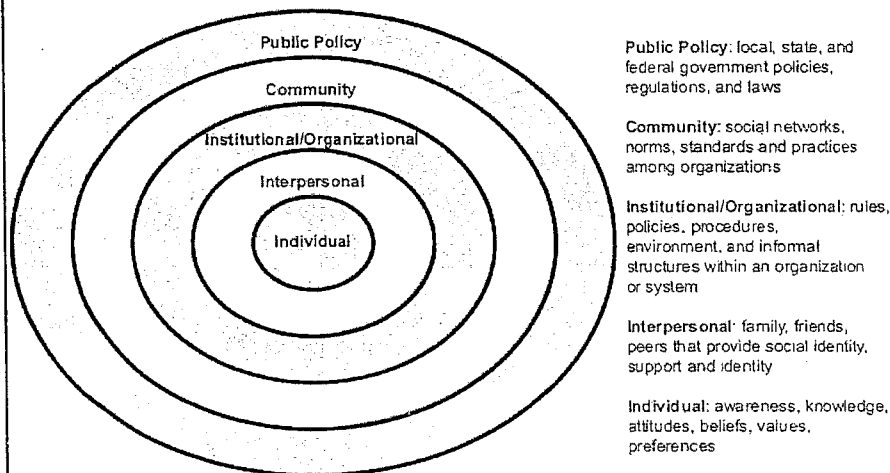


Freiden, TR, AJPH, April, 2010

11/5/2011

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A Social-Ecological Model for Levels of Influence



Based on data from McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

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Individual With Chronic Disease has Knowledge, Attitudes, and Skills

- Classes: Diabetes Self Management Education, Living Well chronic disease self management, Tobacco Cessation

1-800-207-1230

THE MAINE TOBACCO HELPLINE

Living Well
FOR BETTER HEALTH

- Easy to access resources such as
www.theQuitLink.org www.KeepMEWell.org

QUITLINK

Healthy Maine Partnerships
Maine Center for Disease Control and Prevention
KEEP ME WELL!

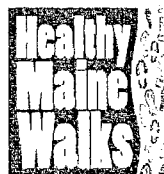
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Social support from family, friends, and coworkers

- Buddy or peer support such as walking program for physical activity
- Worksites promote walking groups during breaks



www.HealthyMaineWalks.org

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Healthy Environments: Make Healthy Choice Easy Choice

- Access to effective, affordable healthy products or places
 - Healthy options - vending
 - Safe places to walk
- Reduced access to unhealthy products or places
 - Signage

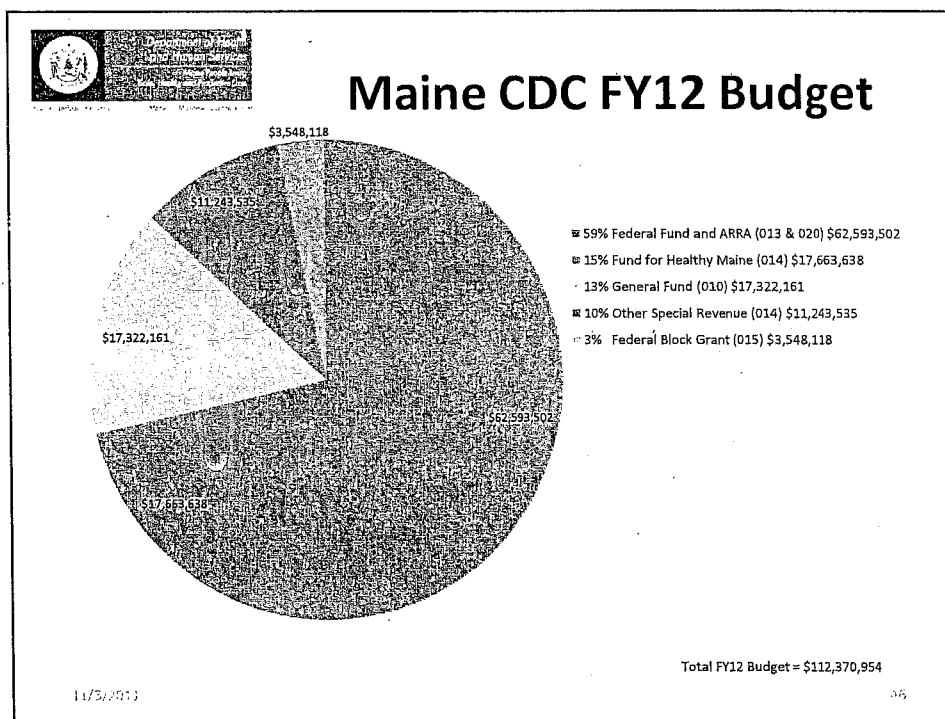


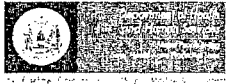
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Maine CDC and the Fund for a Healthy Maine

Program areas that receive Fund for a Healthy Maine Funds





Division of Local Public Health

- Strong local health officer system
- Specific core public health functions
- New district structures
- Bi-directional population health improvement planning
- DCC and SCC structures can assist Maine CDC in being ready for public health accreditation



Division of Local Public Health

- Braided funds support the Division of Local Public Health and include multiple sources.
- FHM funds support work at the local level to address key elements of the 10 essential public health services in the 9 districts as well as partial support for 7 staff in the Division of Local Public Health (2.34 FTE).



District Public Health Structure

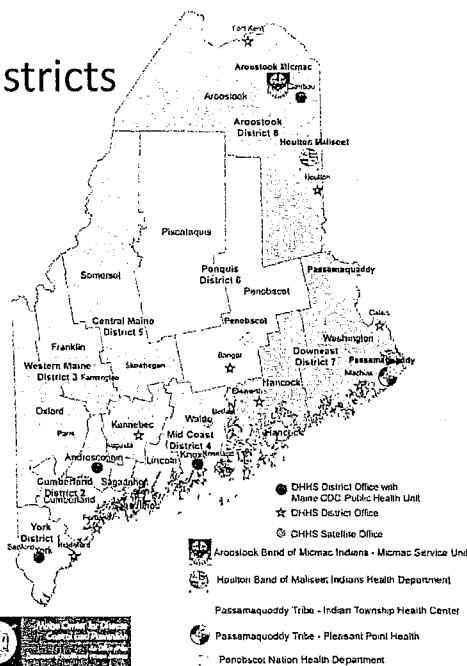
- 9 Public Health Districts
 - 8 District and 2 Tribal Liaisons connect Maine CDC to District Coordinating Councils in each District
 - State Coordinating Council connects state and district partners
- 27 Healthy Maine Partnerships located in the Districts
 - School Districts connected to local HMPs through 31 School Health Coordinators

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Districts



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